

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

01573136

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 13 | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | 17 | ← | | ← | ← | ← |
| TOTAL CLAIMS | 30 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |